STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH BUREAU OF HEALTHCARE SYSTEMS

Re: Maria Casselli, L.P.N.

Petition No. 2002-1115-011-050

License No.: 024084

VOLUNTARY AGREEMENT NOT TO RENEW OR REINSTATE LICENSE

Maria Casselli, being duly sworn, deposes and says:

- 1. I am over the age of majority and understand the obligations of an oath.
- 2. I make this affidavit on the basis of personal knowledge.
- 3. I was licensed by the Department of Public Health (hereinafter "the Department") to practice as a licensed practical nurse. I held license number 024084 until June 1, 2002.
- 4. I hereby voluntarily agree not to renew or reinstate my license to practice as a licensed practical nurse in the State of Connecticut.
- 5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2002-1115-011-050 shall be deemed true. I further understand that any such application must be made to the Board of Examiners for Nursing (hereinafter "the Board") and the Department, and that the Board shall be a signatory to any order reinstating my license or granting me a new license.
- 6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
- 7. I understand and agree that this affidavit and the case file in Petition Number 2002-1115-011-050 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
- 8. I understand that this agreement not to renew or reinstate my license is a reportable event and is public information.
- 9. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 2002-1115-011-050. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.

10. I understand that I have the right to consult with an attorney prior to signing this affidavit.	
	Molio Casselli Maria Casselli
Subscribed and sworn to before me this3	_ day of <u>December</u> 2002.
LINDA L. LYNCH NOTARY PUBLIC MY COMMISSION EXPRESSMENT ST. 2015	Notary Public Commissioner of Superior Court
Accepted: Stanley K. Peck, Director, Legal Office Bureau of Healthcare Systems s:llf/casselli	12/3/•2 Date